

SEVENTH MEETING

Thursday, 21 January 2010, at 09:10

Chairman: Dr S. ZARAMBA (Uganda)

1. ORGANIZATION OF WORK

Dr KÖKÉNY (Hungary) said that the European Union and the group of Latin American and Caribbean countries had held an informal discussion the previous day on agenda item 4.10 on strategies to reduce the harmful use of alcohol. Both regional groups were keen to adopt the strategy, but recognized the need for further textual adjustments in a few areas. He invited representatives from all interested regions to hold further informal discussions with the European Union that morning in order to map any areas of major concern.

2. TECHNICAL AND HEALTH MATTERS: Item 4 of the Agenda (continued)

Monitoring of the achievement of the health-related Millennium Development Goals: Item 4.4 of the Agenda (continued from the sixth meeting)

The CHAIRMAN drew attention to a revised version of the draft resolution on monitoring of the achievement of the health-related Millennium Development Goals proposed by Albania, Argentina, Armenia, Australia, Austria, Belgium, Bulgaria, Canada, Chile, Colombia, Congo, Croatia, Cyprus, Czech Republic, Denmark, Djibouti, Estonia, Finland, France, Gabon, Germany, Greece, Hungary, Ireland, Israel, Italy, Japan, Kenya, Latvia, Lithuania, Luxembourg, Malta, Mexico, Monaco, Netherlands, New Zealand, Niger, Nigeria, Norway, Oman, Paraguay, Peru, Poland, Portugal, Republic of Korea, Republic of Moldova, Romania, Rwanda, Senegal, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay and Zimbabwe, which read:

The Executive Board,
Having considered the report on Monitoring achievement of the health-related Millennium Development Goals,¹

RECOMMENDS to the Sixty-third World Health Assembly the adoption of the following resolution:

The Sixty-third World Health Assembly,
Having considered the report on Monitoring achievement of the health-related Millennium Development Goals;
Recalling resolution WHA61.18 on monitoring of the achievement of the health-related Millennium Development Goals;
Recalling the outcomes of the major United Nations conferences and summits in the economic, social and related fields, especially those related to global health, in

¹ Document EB126/7.

particular ~~the Monterrey Consensus of 2002, [Brazil]~~ the 2005 World Summit Outcome and the commitments made by the international community to attain the Millennium Development Goals and the new commitments made during the United Nations High-Level Event on the Millennium Development Goals (New York, 25 September 2008);

Stressing the importance of achieving the health-related Millennium Development Goals, especially with the objective of ensuring socioeconomic development;

Concerned by the fact that achievement of MDGs varies from country to country and from goal to goal; [AFRO]

Welcoming the Ministerial Declaration adopted at the annual ministerial review held by the Economic and Social Council in 2009 on implementing the internationally agreed goals and commitments in regard to global public health;

Recalling United Nations General Assembly resolution 64/108 (10 December 2009) on global health and foreign policy;

Recognizing that the Millennium Development Goals are interlinked, and reiterating the Health Assembly's commitment to continued reinvigoration and strengthening of the global partnership for development, as a vital element for achieving these Goals, in particular those related to health, **inter alia through capacity building, transfer of technology, sharing of best practices and lessons learned, South-South cooperation, as well as predictable resources;**

Recalling the agreement reached at the United Nations International Conference on Financing for Development, held in Monterrey in March 2002, to "urge developed countries that have not done so, to make concrete efforts towards the target of 0.7% of the gross national product as official development assistance"; [Brazil]

Reaffirming the commitments by many developed countries to achieve the target of 0.7% of gross national income on official development assistance by 2015 and to reach 0.56% of gross national income for official development assistance by 2010, as well as the target of 0.15% to 0.20% for least developed countries, ~~and urging those countries that have not yet done so to make concrete efforts in this regard in accordance with their commitments;~~

Welcoming **increasing efforts to improve the quality of official development assistance and to increase its development impact, such as the Development Cooperation Forum of the Economic and Social Council, the commitments by many countries [Brazil]** in the Paris Declaration and the Accra Agenda for Action, **and the experience of the IHP and others, to strengthen** ~~to~~ national ownership, alignment, harmonization and managing for results, ~~and the experience of the International Health Partnership and others; [USA]~~

Noting the work of the Leading Group on Innovative Financing for Development and of the High-Level Task Force on Innovative International Financing for Health Systems, the additional pledges made by several countries to increase financing for health, and the announcements made by several countries at the United Nations General Assembly High-Level Meeting on Health (New York, 23 September 2009) to achieve universal access to affordable basic health care, including provision of free services for women and children at the point of use where countries choose, and financial mechanisms toward social health protection;

Expressing concern at the relatively slow progress in attaining the Millennium Development Goals, particularly in sub-Saharan Africa;

Expressing deep concern that maternal, newborn and child health and universal access to reproductive health remain constrained by health inequities, and for the slow progress in achieving Millennium Development Goals 4 and 5 on improving child and maternal health;

Welcoming the contribution of all relevant partners and progress achieved toward the goal of universal access to prevention, treatment, care and support related to HIV/AIDS;

Reaffirming WHO's leading role as the primary United Nations specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate;

Welcoming WHO's report on women and health¹ as important in advancing women's rights and gender equality, underlining the need to address women's health through comprehensive strategies targeting root causes of discrimination, stressing the importance of strengthening health systems to better respond to women's health needs in terms of access and comprehensiveness;

Recognizing that health systems based on the principles of tackling health inequalities through universal access, putting people at the centre of care, integrating health into broader public policy, and providing inclusive leadership for health are essential to achieving sustainable improvements in health;

Recognizing also the growing burden of noncommunicable diseases worldwide, **and recalling the importance of preventing infectious diseases that still represent a heavy burden, particularly in developing countries**, the adverse impacts of the food, environmental, economic and financial crises on populations, in particular on the poorest and the most vulnerable ones, which may increase the level of malnutrition and reverse the achievement of Millennium Development Goal 1 (Eradicate extreme hunger and poverty) and the health-related Goals and the progress made in the past two decades,

1. URGES Member States:

- (1) to strengthen health systems so they deliver equitable health outcomes as a basis of a comprehensive approach towards achieving Millennium Development Goals 4, 5 and 6, underlining the need to build sustainable national health systems and strengthen national capacities through attention to, inter alia, service delivery, health systems financing, health workforce, health information systems, procurement and distribution of medicines, vaccines and technologies, sexual and reproductive health care and political will in leadership and governance;
- (2) to review policies, including those on recruitment, training and retention, that exacerbate the problem of the lack of health workers, and their imbalanced distribution, within countries and throughout the world, in particular the shortage in sub-Saharan Africa, which undermines the health systems of developing countries;
- (3) to reaffirm the values and principles of primary health care, including equity, solidarity, social justice, universal access to services, multisectoral action, transparency, accountability, decentralization and community participation and empowerment, as the basis for strengthening health systems, through support for health and development;
- (4) to take into account health equity in all national policies that address social determinants of health, and to consider developing and strengthening universal comprehensive social protection policies, including health promotion, **infectious and noncommunicable [China]** disease prevention and health care, and promoting availability of and access to goods and services essential to health and well-being;
- (5) to renew their commitment to prevent and eliminate maternal, newborn and child mortality and morbidity through effective continuum of care, and through strengthening health systems and through comprehensive and integrated strategies

¹ *Women and health: today's evidence tomorrow's agenda*. Geneva, World Health Organization, 2009.

and programmes to address root causes of gender inequalities and lack of access to adequate care and reproductive health, including family planning and sexual health; by promoting respect for women's rights; and by scaling up efforts to achieve integrated management of newborn and child health care, including actions to address the main causes of child mortality, **in particular inappropriate infant and young child feeding practices [AFRO];**

(6) to expand significantly efforts towards meeting the goal of universal access to HIV prevention, treatment, care and support by 2010 and the goal to halt and reverse the spread of HIV/AIDS by 2015;

~~(7) to include in bilateral and multilateral initiatives on achieving the Millennium Development Goals, in particular in South-South cooperation initiatives, best practices in strengthening health services;~~

~~(8)~~(7) to maximize synergies between the HIV/AIDS response and strengthening of health systems and social support;

~~(9)~~(8) to enhance policies to address the challenges of malaria including monitoring of drug resistance in artemisinin-based combination therapy;

~~(10)~~(9) to sustain and strengthen the gains made in combating tuberculosis, and to develop innovative strategies for tuberculosis prevention, detection and treatment, including means of dealing with new threats such as coinfection with HIV, multidrug-resistant tuberculosis or extensively drug-resistant tuberculosis;

~~(11)~~(10) to sustain commitments to support the eradication of poliomyelitis;

(11) to include in bilateral and multilateral initiatives addressed to the achievement of the Millennium Development Goals, in particular in South-South cooperation initiatives, best practices in strengthening health services;

(12) to support developing countries in their national endeavours to achieve the Millennium Development Goals, in particular the health-related MDGs, inter alia through capacity building, transfer of technology, sharing of lessons learned and best practices, South-South cooperation, as well as predictable resources;

(13) to fulfil their commitments regarding official development assistance by 2015;

2. REQUESTS the Director-General:

(1) to continue to play a leading role in the monitoring of the achievement of the health-related Millennium Development Goals, including progress towards achieving universal coverage of services essential to these Goals;

(2) to that effect, to continue to cooperate closely with all other United Nations and international organizations involved in the process of achieving the Millennium Development Goals in the framework of the Medium term strategic plan 2008–2013 and with a strong focus on efficient use of resources based on the respective mandates and core competencies of each and avoiding duplication of efforts **and fragmentation of aid, as well as promoting the coordination of work among international agencies;**

(3) to provide support to Member States in their efforts to strengthen their health systems, address the problem of the lack of health workers, reaffirm the values and principles of primary health care, and to address the social determinants of health and to strengthen their public policies aimed at fostering full access to health and social protection, including improved access to quality medicines required to support health care for, inter alia, the most vulnerable sectors of society;

(4) to foster alignment and coordination of global interventions for health system strengthening, basing them on the primary health care approach, in collaboration with Member States, relevant international organizations,

international health initiatives, and other stakeholders in order to increase synergies between international and national priorities;

(5) to articulate and present to the Health Assembly as part of its action plan for the renewal of primary health care, the actions that the Secretariat envisages will strengthen its support for the realization of Millennium Development Goals 4, 5 and 6;

(6) to work with all relevant partners in order to achieve high immunization coverage rates with affordable vaccines of assured quality;

(7) to lead the work with all relevant partners to help to ensure that action on the health-related Millennium Development Goals is one of the main themes of the High-level Plenary Meeting of the 65th session of the United Nations General Assembly [*discussion still pending in New York on format and dates*];

(8) to continue to collect and compile scientific evidence to achieve health-related Millennium Development Goals and to distribute them as useful information to all Member States;

(9) to continue to submit annually a report on the status of progress made, including on main obstacles and ways to overcome them, in achievement of the health-related Millennium Development Goals, through the Executive Board, to the Health Assembly-;

3. INVITES concerned organizations of the United Nations system, international development partners and agencies, international financial institutions, nongovernmental organizations and private sector entities:—(1) to continue their support and consider further support to countries, particularly in sub-Saharan Africa, for the development and implementation of health policies and national health development plans, consistent with internationally agreed health goals, including the Millennium Development Goals. [AFRO]

Dr KÖKÉNY (Hungary), speaking on behalf of the European Union, drew attention to some further revisions that are to be made following informal consultations; the ninth preambular paragraph should read: “Recalling the Monterrey Consensus of March 2002 ‘to urge developed countries that have not done so, to make concrete efforts towards the target of 0.7% of gross national product as official development assistance’ and ‘encourage developing countries to build on progress achieved in ensuring that ODA is used effectively to help achieve development goals and targets’;” thereby reflecting the wording of paragraph 42 of the Monterrey Consensus.

The eleventh preambular paragraph should read: “Welcoming increasing efforts to improve the quality of official development assistance and to increase its development impact, such as the Development Cooperation Forum of the Economic and Social Council, the principles contained in the Paris Declaration, the Accra Agenda for Action and the experience of the International Health Partnership and others to strengthen national ownership, alignment, harmonization and managing for results;”.

Referring to proposals from other delegations concerning paragraphs 1(4) and 1(5), he observed that the pre-existing paragraphs used United Nations texts that contained agreed language, namely resolution WHA62.14 for paragraph 1(4); and paragraphs 15 and 16 of the Ministerial Declaration of the United Nations Economic and Social Council for paragraph 1(5). In the case of paragraph 1(4), the growing burden of noncommunicable diseases was referred to in the last preambular paragraph, and it seemed redundant to add another reference to them in an operative paragraph, particularly as that might prejudice ongoing discussions at the United Nations on a possible new Millennium Development Goal target.

As the issue of nutrition would be covered in a separate item on the agenda, the proposal made on feeding practices could be deleted from paragraph 1(5).

Dr LIU Peilong (China),¹ agreeing that noncommunicable diseases were not explicitly part of the Millennium Development Goals, stressed their relevance to achievement of the targets; the reference to them should be retained. The international community had expended huge efforts in the past 10 years to control the three communicable diseases: malaria, tuberculosis and HIV/AIDS; however, Member States should also be urged to take action to reduce the great burden of noncommunicable diseases, in both developing and developed countries.

Ms TOELUPE (Samoa) said that her small country had a considerable problem of noncommunicable diseases and therefore supported the position of the representative of China.

Dr KÖKÉNY (Hungary), speaking on behalf of the European Union, said that it was sufficient to mention noncommunicable diseases in the preamble as they would be considered under a separate agenda item.

Dr MOHAMED (Oman) suggested that the addition of the phrase “poverty-related” would enable a link to be made between noncommunicable diseases and the Millennium Development Goals.

Mr KABULUZI (Malawi), speaking on behalf of the Member States of the African Region, explained that the reference to feeding practices had been included because the subject of the draft resolution was the Millennium Development Goals and especially Goal 4, and the importance of feeding in reducing child mortality was well known. The intent of adding a call to redress inappropriate feeding practices was to promote, by implication, the type of appropriate feeding recommended by WHO. However, he would be flexible and agree to the omission of the reference to feeding practices.

Dr KÖKÉNY (Hungary), speaking on behalf of the European Union, thanked the member for Malawi for his flexibility and agreed to the retention of the reference to noncommunicable diseases in paragraph 1(4).

Mr ALBUQUERQUE E SILVA (adviser to Dr Buss, Brazil) expressed his country’s appreciation for the recognition of its concerns about official development assistance.

The resolution, as amended, was adopted.²

Infant and young child nutrition: quadrennial progress report: Item 4.6 of the Agenda (Document EB126/9)

The CHAIRMAN drew attention to the draft resolution proposed by Peru and the associated financial and administrative implications, which read:

The Executive Board,
Having considered the quadrennial progress report on infant and young child nutrition,³

RECOMMENDS to the Sixty-third World Health Assembly the adoption of the following resolution:

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

² Resolution EB126.R4.

³ Document EB126/9.

The Sixty-third World Health Assembly,
Having considered the quadrennial progress report on infant and young child nutrition;

Recalling resolutions WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34, WHA46.7, WHA47.5, WHA49.15 and WHA54.2 on infant and young child nutrition and WHA59.11 on nutrition and HIV/AIDS;

Conscious that achieving the Millennium Development Goals will require the reduction of maternal and child malnutrition;

Aware that worldwide malnutrition accounts for 11% of the global burden of disease, leading to long-term poor health and disability and poor educational and developmental outcomes; that worldwide 178 million children are underweight and 20 million suffer from the most deadly form of severe acute malnutrition each year; and that nutritional risk factors, including underweight, suboptimal breastfeeding and vitamin and mineral deficiencies, particularly of vitamin A, iron and zinc, are responsible for 3.9 million deaths (35% of total deaths) and 144 million disability-adjusted life years (33% of total disability-adjusted life years) in children less than five years old;

Aware that countries are faced with increasing public health problems posed by the double burden of malnutrition (both undernutrition and overweight), with its negative later-life consequences;

Acknowledging that 90% of stunted children live in 36 countries and that children under two years of age are most affected by undernutrition;

Mindful of the challenges posed by the HIV/AIDS pandemic and the difficulties posed for formulating appropriate policies for infant and young child feeding, and concerned that food assistance does not meet the nutritional needs of young children infected by HIV;

Aware that inappropriate feeding practices and their consequences are major obstacles to attaining sustainable socioeconomic development and poverty reduction;

Concerned about the vast numbers of infants and young children who are still inappropriately fed and whose nutritional status, growth and development, health and very survival are thereby compromised;

Mindful of the fact that full implementation of the Global Strategy for Infant and Young Child Feeding and its operational targets requires strong political commitment and a comprehensive approach, including strengthening of health systems and communities and careful monitoring of the effectiveness of the interventions used;

Recognizing that the improvement of breastfeeding practices could save annually the lives of about one million children under five years of age and that each year the deaths of more than half a million such children could be prevented by adequate and timely complementary feeding;

Aware that, for successful scaling up of evidence-based safe and effective nutrition interventions, multisectoral food and nutrition policies are needed;

Recognizing the need for comprehensive national policies on infant and young child feeding that are well integrated within national strategies for nutrition and child survival;

Convinced that it is time for governments, civil society and the international community to renew their commitment to promoting the optimal feeding of infants and young children and to work together closely for this purpose;

Convinced that strengthening of national nutrition surveillance is crucial in implementing effective nutrition policies and scaling up interventions,

1. URGES Member States:

- (1) to increase political commitment to reducing malnutrition in all its forms;

- (2) to strengthen and expedite the implementation of the Global Strategy for Infant and Young Child Feeding with emphasis on giving effect to the International Code of Marketing of Breast-milk Substitutes, adopted in resolution WHA34.22, and also implementing subsequent related Health Assembly resolutions;
- (3) to develop or review current policy frameworks addressing the double burden of malnutrition and allocate adequate human and financial resources to ensure its implementation;
- (4) to scale up interventions to improve infant and young child nutrition, including the protection and promotion of breastfeeding and complementary feeding; the implementation of complementary and therapeutic feeding interventions for severe malnutrition; and the control of vitamin and mineral deficiencies;
- (5) to strengthen the nutrition surveillance system and adopt appropriate indicators for assessing progress towards achieving the Millennium Development Goals;
- (6) to implement the WHO Child Growth Standards by their full integration into child health programmes;

2. REQUESTS the Director-General:

- (1) to strengthen the evidence base on effective and safe nutrition actions to counteract the public health effects of the double burden of malnutrition and describe good practices for successful implementation;
- (2) to mainstream nutrition in all WHO's health policies and strategies and confirm the presence of essential nutrition actions in the context of the reform of primary health care;
- (3) to continue and strengthen collaboration with other United Nations agencies and international organizations involved in the process of ensuring improved nutrition;
- (4) to support Member States, on request, in expanding nutritional interventions related to the double burden of malnutrition, monitoring and evaluating impact, strengthening or establishing effective nutrition surveillance systems, and implementing the WHO Child Growth Standards;
- (5) to develop a comprehensive implementation plan on infant and young child nutrition for discussion at the Sixty-fifth World Health Assembly, through the Executive Board and after broad consultation with Member States.

1. Resolution Infant and young child nutrition: quadrennial progress report

2. Linkage to programme budget

Strategic objective:

2. To combat HIV/AIDS, tuberculosis and malaria

Organization-wide expected result:

2.1 Guidelines, policy, strategy and other tools developed for prevention of, and treatment and care for patients with, HIV/AIDS, tuberculosis and malaria, including innovative approaches for increasing coverage of the interventions among poor people, and hard-to-reach and vulnerable populations.

2.2 Policy and technical support provided to countries towards expanded gender-sensitive delivery of prevention, treatment and care interventions for HIV/AIDS, tuberculosis and malaria, including integrated training and service delivery; wider service-provider networks; and strengthened laboratory capacities and better linkages with other health services, such as those for sexual and reproductive health, maternal, newborn and child health, sexually

	transmitted infections, nutrition, drug-dependence treatment services, respiratory care, neglected diseases and environmental health.
	2.4 Global, regional and national systems for surveillance, evaluation and monitoring strengthened and expanded to keep track of progress towards targets and allocation of resources for HIV/AIDS, tuberculosis and malaria control and to determine the impact of control efforts and the evolution of drug resistance.
4. To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals.	4.4 Guidelines, approaches and tools for improving neonatal survival and health applied at country level, with technical support provided to Member States for intensified action towards universal coverage, effective interventions and monitoring of progress.
	4.5 Guidelines, approaches and tools for improving child health and development applied at the country level, with technical support provided to Member States for intensified action towards universal coverage of the population with effective interventions and for monitoring progress, taking into consideration international and human-rights norms and standards, notably those stipulated in the Convention on the Rights of the Child.
7. To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches.	7.2 Initiative taken by WHO in providing opportunities and means for intersectoral collaboration at national and international levels to address social and economic determinants of health, including understanding and acting upon the public health implications of trade and trade agreements, and to encourage poverty reduction and sustainable development.
9. To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development.	9.1 Partnerships and alliances formed, leadership built and coordination and networking developed with all stakeholders at country, regional and global levels, in order to promote advocacy and communication, stimulate intersectoral actions, increase investment in nutrition, food-safety and food-security interventions, and develop and support a research agenda.
	9.2 Norms, including references, requirements, research priorities, guidelines, training manuals and standards, produced and disseminated to Member States in order to increase their capacity to assess and respond to all forms of malnutrition, and zoonotic and non-zoonotic foodborne diseases, and to promote healthy dietary practices.
	9.3 Monitoring and surveillance of needs and assessment and evaluation of responses in the area of nutrition and diet-related chronic diseases strengthened, and ability to identify best policy options improved, in stable and emergency situations.
	9.4 Capacity built and support provided to target Member States for the development, strengthening and implementation of nutrition plans, policies and programmes aimed at improving nutrition throughout the life-course, in stable and emergency situations.

(Briefly indicate the linkage with expected results, indicators, targets, baseline)

- Guidelines on nutrition interventions to be reviewed and developed, scaling up from 10 to 40 guidelines.
- Monitoring child growth, infant and young child feeding practices, micronutrient status and implementation of nutrition interventions performed, scaling up from 50 to 70 countries implementing growth standards; 5 micronutrient surveys implemented; and implementation data collected in 150 countries.
- Interagency collaborative initiatives developed at global and country levels in order to scale up nutrition programmes: 5 initiatives.
- Technical support for scaling up nutrition interventions provided to 20 countries and capacity building provided to an additional 15 countries.
- Technical support provided to Member States in strengthening and implementing national nutrition policies and strategies to scale up action in tackling the double burden of malnutrition: an additional 15 countries provided with support.
- Technical guidance provided on priority nutrition actions aimed at the prevention of tuberculosis and support against HIV: an additional 15 countries provided with support.

3. Budgetary implications**(a) Total estimated cost for implementation over the life-cycle of the Secretariat's activities requested in the resolution (estimated to the nearest US\$ 10 000, including staff and activities)**

US\$ 12 million (staff: US\$ 5 million, activities: US\$ 7 million) for three years.

(b) Estimated cost for the biennium 2010–2011 (estimated to the nearest US\$ 10 000 including staff and activities, and indicating at which levels of the Organization the costs will be incurred, identifying specific regions where relevant)

US\$ 8.5 million (staff: US\$ 4 million, activities: US\$ 4.5 million; breakdown across the Organization: headquarters – US\$ 2.5 million, regions – US\$ 6 million).

(c) Is the estimated cost noted in (b), included within the existing approved Programme budget for the biennium 2010–2011?

Yes.

4. Financial implications**How will the estimated cost noted in 3(b) be financed (indicate potential sources of funds)?**

A global resource mobilization plan is being prepared to approach potential donors. Partial funding has been provided by Italy, Japan, Luxembourg, Spain, United States of America and philanthropic bodies.

5. Administrative implications**(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken, identifying specific regions where relevant)**

Although the normative work (including guidelines development and scientific reviews) will be carried out at headquarters, the majority of activities will be undertaken at country and regional levels. Priority will be given to the 36 countries identified by WHO upon which malnutrition places the highest burden of mortality and morbidity.

(b) Can the resolution be implemented by existing staff? If not, please specify in (c) below

As already recommended in the review conducted of WHO's nutrition work, staffing needs to be strengthened. This is particularly the case at country level and in some of the regional offices.

(c) Additional staffing requirements (indicate additional required staff – full-time equivalents – by levels of the Organization, identifying specific regions where relevant and noting necessary skills profile)

Staffing needs to be strengthened in all regions, particularly in African, South-East Asia and Eastern Mediterranean Regions. There is a particular need for technical nutrition staff at the P.2 and P.3 levels.

(d) Time frames (indicate broad time frames for implementation of activities)

Implementation of some activities under this resolution has already started in the current biennium. Most activities will be implemented by the first quarter of 2011.

Professor HAQUE (Bangladesh) said that in Bangladesh 200 children under the age of five years died of malnutrition every day, many from sepsis in the first 28 days of life because they had not benefited from the protective effects of breast milk given within one hour of birth or exclusive breastfeeding for six months. On a positive note, 92% of Bangladeshi mothers were still breastfeeding 20–23 months after giving birth. The country had baby-friendly hospitals and an ambitious national nutrition programme that covered about one third of the population, and which would be improved before being expanded nationwide.

The suggestion might be made to the United Nations Millennium Development Goals Gap Task Force to include early and exclusive breastfeeding for the first six months of life in the list of key indicators of child survival. Additionally, funding might be sought to intensify support to Member States for implementation of the International Code of Marketing of Breast-Milk Substitutes.

He commended the Secretariat's preparation of the WHO Child Growth Standards and recommended the strengthening of relevant programmes so that growth charts would be widely used to monitor the nutritional status of young children. Anaemia, which was a barrier to child development and prevalent in many developing countries, could be countered through exclusive breastfeeding for the first six months of life, followed by nutrient-dense complementary feeding and continued breastfeeding for the first two years of life.

Dr GOPEE (Mauritius), speaking on behalf of the Member States of the African Region, reported that a draft manual on implementing community activities on infant and young child feeding, prepared by the Regional Office for Africa, had been field-tested in Kenya. The Regional Office had also collaborated with IAEA on a five-year project to assess nutrition levels in the Region using isotope techniques.

Consensus had been reached on a framework to integrate nutrition into HIV/AIDS control programmes and five Member States had begun national training programmes for trainers in counselling and support for infant and young child feeding. Some countries in the Region had formulated national strategies on infant and young child feeding, plans of action for the Baby-friendly Hospital Initiative in the context of HIV/AIDS, or both.

National capacity building for the application of WHO Child Growth Standards was being pursued through direct technical support. Draft guidelines on the integration of nutrition into integrated disease surveillance and response had been drawn up.

Despite achievements in the Region, challenges remained; action should be taken to ensure technical support to countries in implementing policies, to build capacity to tackle malnutrition, to strengthen partnerships for resource mobilization, and to promote breastfeeding as the most effective way to improve the survival and health of children.

Dr SAID (Syrian Arab Republic), speaking on behalf of the Member States of the Eastern Mediterranean Region, reported noticeable progress in infant and young child nutrition. Nevertheless,

the overall percentage of underweight children in the Region had increased from 14% in 1990 to 17% in 2004, owing to circumstances in certain countries such as Iraq, Sudan and Yemen; that situation had deteriorated since the beginning of the global food crisis.

A high rate of undernutrition and stunted growth among children was a result of inadequate practices at the health-care level, disease transmission, poor-quality foods and unsatisfactory dietary habits, particularly among poorer populations.

The implementation of the WHO Child Growth Standards was part of an overall effort to improve surveillance of child nutrition, and training was being given in their use. The Global strategy for infant and young child feeding had been incorporated into national programmes but information on the impact of implementation activities on young children was so far limited.

Breastfeeding was essential for protecting children's health, but was undermined by intense advertising campaigns for breast-milk substitutes. Exclusive breastfeeding must be promoted, even in situations of crisis, and Member States should ensure proper surveillance and assistance in health emergencies. Mothers should be given adequate information on the nutritional value of breast milk compared with substitutes while proper environmental assistance should be given, such as the provision of safe water.

He encouraged the implementation of the International Code of Marketing of Breast-Milk Substitutes by all countries and called on the Secretariat to provide assistance to that end. It should provide a list of indicators to facilitate monitoring infant and young child nutrition in lower-income countries and coordination should be established among interregional and international partners to ensure the provision of adequate resources.

Dr TAKEI (adviser to Dr Omi, Japan) emphasized the value of exclusive breastfeeding in improving infant nutrition. The progress made in putting the Global strategy for infant and young child feeding into practice at the national level was welcomed. In countries with high infant mortality rates in particular, action plans for implementation should be developed. Further, the Baby-friendly Hospital Initiative should be suitably promoted in accordance with health-care systems in individual countries.

An effective global outreach approach should be applied to the Partnership for Mother, Newborn and Child Health. Exclusive breastfeeding should be promoted not only on the basis of economic or scientific evidence, but also in the light of its importance for natural mother and child interaction.

Dr VALLEJOS (Peru) regretted that efforts to reduce malnutrition and improve feeding practices were irregular and inadequate. Greater commitment was needed from governments, civil society and the international community in order to counter malnutrition effectively and avoid the deaths of millions of people. That was the background for the proposal of the draft resolution. The text sought to increase the political commitment of Member States to reducing malnutrition in all its forms, to strengthen the Global strategy for infant and young child feeding and to secure sufficient human and financial resources to ensure its implementation, to incorporate the issue of nutrition into all WHO's policies, and to enhance a secure and effective nutritional database.

Informal consultations with other members of the Board had taken place since the drafting of the text and, in order to reflect the comments that had been made, he proposed the following amendments. In the fourth preambular paragraph, the word "iodine" should be inserted after "iron". In the tenth preambular paragraph, the word "full" should be deleted. In paragraph 1(2), the words "and also implementing subsequent related Health Assembly resolutions" should be deleted. In paragraph 1(4), the words "timely, safe and appropriate" should be inserted before the first mention of "complementary", while, at the second mention, "complementary" should be replaced by "supplementary". A new paragraph 1(5) should be inserted to read "to include these strategies in comprehensive maternal and child health services and supporting to the aim of universal coverage and principles of primary health care, including strengthening health systems as outlined in resolution WHA62.12". Paragraph 1(5), which would become paragraph 1(6), should be amended to read "to strengthen nutrition surveillance systems and improve use and reporting of agreed Millennium

Development Goal indicators to monitor progress". The words "including clear identification of leadership, division of labour and outcomes" should be inserted at the end of paragraph 2(3). Paragraph 2(5) should be amended by replacing "for discussion at the Sixty-fifth World Health Assembly" with "as a critical component of a global multisectoral nutrition framework for preliminary discussion at the Sixty-fourth World Health Assembly and for final delivery at the Sixty-fifth World Health Assembly".

Dr GIMÉNEZ (Paraguay), expressing support for the draft resolution and the amendments proposed by the member for Peru, nevertheless voiced concern that in many workplaces women were not provided with a room in which they could breastfeed. The right to breastfeed must be encouraged in both the public and private sectors: in the interests of gender equality and women's and children's rights, health institutions should set an example in that regard.

Remarking on the need to strengthen surveillance institutions, especially in view of the weak surveillance of marketing, advertising and consumption of breast milk substitutes, he drew attention to the importance of the renewal of primary health care and the improved results it would achieve.

Ms TOELUPE (Samoa) confirmed progress in infant and young child nutrition in her country as a result of the Baby-friendly Hospital Initiative. Significant challenges had been experienced in ensuring sustainability; strengthening community partnerships; widening the nutritional knowledge base; and making healthy eating more appealing within the home. She emphasized the need for adequate funding during the period 2010–2011 for national action on the International Code of Marketing of Breast-milk Substitutes in the Western Pacific Region. Even though exclusive breastfeeding was undoubtedly valuable in socioeconomic terms, Samoa planned to conduct an assessment of complementary feeding, severe, moderate and micronutrient malnutrition and childhood obesity.

She looked forward to the publication of the revised version of the Operational Guidance on Infant and Young Child Feeding in Emergencies; such guidance had been particularly needed during the pandemic (H1N1) 2009 and in the aftermath of the recent tsunami, when breastfeeding counselling and promotion among women had been a priority. WHO should strengthen technical assistance to small Pacific island States, where there were only a limited number of qualified nutritionists, in order to achieve progress on the issues referred to in the report.

Ms ARTHUR (alternate to Mr Houssin, France) underscored the importance of quality and safety in complementary feeding practices. Food safety for infants and young children depended on the hygienic practices of mothers and access to clean drinking water. Powdered formula distributed in times of crisis or to those living in extreme poverty could lead to infant deaths given that the water available was often contaminated.

She welcomed and supported the draft resolution.

Dr BUSS (Brazil) reported that programmes to encourage breastfeeding, particularly in the context of primary health care, had received much support in Brazil, where a broad family health programme gave coverage to six million people. The national strategy promoted breastfeeding beyond two years and, for that reason, he wished to propose an amendment to the draft resolution which otherwise he supported: the words "along with continued breastfeeding for up to two years or beyond" should be added at the end of the eleventh preambular paragraph.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) also welcomed and supported the proposed draft resolution. Undernutrition must be tackled as a matter of urgency by governments and international agencies, particularly if Millennium Development Goals 1, 4 and 5 were to be achieved by the deadline of 2015. A new strategy to counter undernutrition would be launched imminently by the Department for International Development in his country.

Dr LIU Peilong (China)¹ endorsed the report and expressed continued support for the joint WHO and UNICEF *Planning guide for national implementation of the global strategy for infant and young child feeding* issued in 2007. WHO should objectively assess implementation of the International Code of Marketing of Breast-milk Substitutes and propose recommendations for its improvement. WHO should link the issue of improving quality of service in maternal and paediatric health departments with that of management of baby-friendly hospitals to facilitate the selection of core indicators.

Dr MOHAMED (Oman) welcomed the proposed draft resolution, but asked for clarification of the reference made to breastfeeding beyond two years. Was there any scientific report on that?

Ms DLADLA (South Africa)¹ expressed support for the implementation of the International Code of Marketing of Breast-milk Substitutes. She called for increased advocacy on breastfeeding and infant and young child feeding, including beyond the health sector, though with particular focus on the Baby-friendly Hospital Initiative. Member States and other development partners should strengthen and provide adequate funding for community involvement and participation, as it was the critical element in ensuring breastfeeding,

Dr ALBRAIKY (alternate to Dr Al Darmaki, United Arab Emirates) expressed support for the draft resolution but recommended that it include reference to monitoring the content of breast-milk substitutes that were distributed at times of crisis or in natural disasters when it was difficult to breastfeed. Such monitoring should occur in order to assess whether it was appropriate, in terms of food security for infants, to offer those breast-milk substitutes.

Dr DAHL-REGIS (Bahamas) welcomed the draft resolution and endorsed the amendments and other comments put forward by other members of the Board. She supported the call to investigate the impact on women of breastfeeding beyond two years, as many women showed signs of significant health concerns as a result of prolonged breastfeeding.

Ms BLACKWOOD (United States of America)¹ expressed concern that the report did not give adequate emphasis to the role of nutrition in the integrated management of childhood illness, an area in which WHO would be the most appropriate agency to take a lead role. She would welcome an analysis by WHO of the scientific and programmatic evidence of the impact of the International Code of Marketing of Breast-milk Substitutes on infant and young child nutrition in those countries that had incorporated the Code into national legislation.

Noting WHO's coverage of intrauterine growth retardation as a cause of malnutrition, she considered the Organization to be suitably positioned to make maternal nutrition a priority in malnutrition prevention programmes and therefore to have a positive impact on both child survival and maternal health.

The report would be strengthened by the provision of further detail on country-level implementation, for both the Global strategy and International Code, and would have benefited from referencing a report on the International Code by the Bill & Melinda Gates Foundation which had found that interpretation of the Code at country-level was ambiguous and that some countries had prohibited the marketing of any fortified food product.

The Secretariat's report should also have contained more details on WHO's overall strategy to improve infant and young child nutrition and to reduce malnutrition rather than a more limited focus on the rehabilitation of malnourished children at the country level. Given the significant recent developments in the management of severe acute malnutrition more information on WHO's work in that area would have been helpful. The report could also have made the case for additional resources

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

to be allocated to reducing malnutrition and, in particular, stunting, given that they were a major cause of child mortality and contributed to reduced productivity and gross domestic product.

She welcomed the draft resolution.

Dr VIROJ TANGCHAROENSATHIEN (Thailand)¹ asked the Secretariat to provide the Board with the latest information on progress in implementing the International Code and the prevalence of violations of the Code by the food industry. Articles in the scientific literature indicated that violations were prevalent in middle-income countries and where the Code was implemented on a voluntary basis. He suggested that the Board amend the draft resolution by inserting a new operative paragraph that would call upon the food industry to observe the Code and enhance its corporate social responsibility.

Ms ARENDT (International Lactation Consultant Association), speaking at the invitation of the CHAIRMAN, said that, although the revised materials had stimulated progress in developing the Baby-friendly Hospital Initiative, Member States would need to make considerable efforts in order to make all maternity facilities baby-friendly. She welcomed WHO's work on developing norms and standards for use in emergency nutrition responses which should include responses to emergencies brought on by climate change. Her Association was a cosponsor of the Operational Guidance on Infant and Young Child Feeding in Emergencies and had recently called for breast-feeding support as a vital part of current relief efforts in Haiti.

She welcomed the recommendation for wider application of the principles of the International Code. Lactation consultants had confirmed that commercial products were being promoted with claims of superior health and nutrition benefits that might undermine mothers' confidence in the benefits of breast milk. The Association had therefore decided to monitor such marketing practices and submit information on violations to the International Baby Food Action Network. Referring to the comment about funding in the report, she called on Member States to ensure that budget allocations were sufficient to permit intensification of WHO's support for implementation of the International Code.

She called on WHO and UNICEF to develop specific recommendations on the marketing of complementary foods. Without regulations, heavily-promoted commercial complementary foods would go on displacing continued breast-feeding and fresh home-made foods. Regulation was also needed to ensure that ready-to-use therapeutic foods were used exclusively for the treatment of severe malnutrition and only in infants aged more than six months. They should not be given as complementary foods, which would be detrimental to sustainable nutrition strategies and would risk contributing to overweight and obesity problems. Breast-feeding remained the single most effective preventive intervention for improving the survival and health of children. She called on the Board to adopt an appropriate resolution for consideration by the Health Assembly.

Mr JAVET (International Special Dietary Foods Industries), speaking at the invitation of the CHAIRMAN, said that the members of his organization, which included the International Association of Infant Food Manufacturers, made extensive efforts to produce food products for special dietary use that were of the highest possible quality and contributed to proper nutrition, thereby improving the health and well-being of infants and young children. Industry-sponsored research had made significant contributions to current knowledge about the nutritional needs of infants and young children, and the quality and benefits of breast-feeding. He strongly supported government action to implement the International Code as appropriate to their social and legislative frameworks, including the adoption of national legislation and regulations.

The draft resolution should help to promote comprehensive and balanced health policies. He endorsed the call for monitoring progress towards the Millennium Development Goals and urged Member States to ensure availability and access to goods and services essential to health and well-being. Multisectoral approaches to improving nutrition would provide a welcome opportunity for

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

the industry to participate in the development of a comprehensive WHO implementation plan on infant and young child nutrition that should include: the protection and promotion of breastfeeding; the proper use of breast-milk substitutes when they were necessary; the appropriate use of nutrient-dense complementary feeding; the implementation of therapeutic feeding interventions; the reduction of micronutrient deficiency; and relevant educational programmes. The draft resolution would also provide the industry with the opportunity to participate in technical groups and the establishment of an electronic library of effective interventions, and to share its research findings and expertise. The industry reaffirmed its commitment to collaborate with WHO in combating child malnutrition, improving infant and young child survival, and attaining the Millennium Development Goals.

Ms LHOTSKA (Consumers International), speaking at the invitation of the CHAIRMAN, said that infants and young children were particularly vulnerable during emergencies and, at a time when emergency teams were rushing to assist Haiti, she urged the Board to adopt a strong resolution that would facilitate the work of such teams and increase the priority given by Member States to emergency preparedness for optimal infant and young child feeding. The clear operational guidance on infant feeding in emergencies provided by the international community had been incorporated in the work of the United Nations Inter-Agency Standing Committee Global Nutrition Cluster. An increasing number of international organizations agreed on the need to minimize the risks of artificial feeding and avoid donations of breast-milk substitutes and feeding bottles in such situations. They advocated a proper needs assessment, support for breast-feeding for most infants, and procurement of breast-milk substitutes through normal channels for those that required them. That guidance had been highlighted in the recent call by WHO, UNICEF and WFP for support for appropriate infant and young children feeding in Haiti. Full implementation by Member States of the Global strategy on infant and young child nutrition would protect all their infants in emergencies. Consumers International and the International Baby Food Action Network urged Member States to scale up action to implement the Global strategy in order to improve feeding practices for infants and young children. Coordination was the key in emergency situations and development programmes. In 2009, the global Breastfeeding Initiative for Child Survival had been launched, with a call on governments, the health profession and academics to join forces with civil society groups to intensify efforts to attain the health-related Millennium Development Goals.

Mr WRIGHT (The Save the Children Fund), speaking at the invitation of the CHAIRMAN, said that his organization was concerned that everything possible should be done to support Haiti during the current emergency. It was easy to lose focus, however, and assume that donations were the correct way forward. National and international response plans must continue to follow guidance, which aimed to minimize the risks of artificial feeding, support optimal breast-feeding wherever possible, and ensure that any breast-milk substitutes used were purchased through normal procurement channels and distributed and used according to strict criteria and only for those who needed them. Donations from companies seeking to enhance their corporate social responsibility image should be avoided.

The Save the Children Fund UK was involved in the provision of ready-to-use therapeutic foods for the treatment of severe acute malnutrition in infants and children aged more than six months. Such products should be of high quality and not be used for general prevention of malnutrition or as an opportunity for commercial exploitation of poor people or to undermine continued breastfeeding. In all settings, mothers should be supported in improving complementary feeding with safe and appropriate locally-available ingredients, alongside breastfeeding, which was far more sustainable than dependence on imported processed foods. While fortified foods could play a role, the market was being fuelled by irresponsible health and nutrition claims that distorted parents' understanding of good nutrition, affected children's palates and were leading to an increase in the double burden of under- and over-nutrition. He reviewed the benefits of breastfeeding and welcomed the draft resolution.

Dr ALWAN (Assistant Director-General) affirmed that there had been no real improvement in the nutrition of infants and young children, especially in sub-Saharan Africa. Across the world some 112 million children were underweight, 180 million under the age of five years were stunted and

43 million were overweight. He therefore welcomed the proposals made by the member for Peru and others. WHO was scaling up its work in the area and introducing nutrition into work across the Organization.

In response to specific queries, he indicated that the WHO Child Growth Standards had been adopted in 106 countries and were under consideration in 69 others. The Secretariat shared the concern expressed regarding the donation of breast-milk substitutes and feeding bottles in emergency situations and its potential to promote artificial feeding. It was taking action to ensure that, in such situations, procurement was only through the appropriate institutional channels in the appropriate circumstances, and that promotion of breastfeeding was strengthened. It had developed a tool for supervising the implementation of nutrition programmes and was completing a global review in that area. It was also assessing nutrition indicators in countries affected by emergencies.

He welcomed the commitment given by Member States and civil society organizations to extend action to implement the global strategy, including the revitalization of the Baby-friendly Hospital Initiative and greater support for implementation of the International Code. In relation to the marketing of complementary foods, WHO and UNICEF were collaborating to develop guiding principles for adequate provision of safe and nutritious complementary foods in all settings, and for ensuring that commercial products did not displace healthy feeding practices. WHO was also cooperating with other United Nations organizations to draw up guidelines for the treatment of severe and moderate malnutrition, including appropriate nutrition standards for nutritional products and recommended circumstances for use. The current WHO recommendation was to breastfeed exclusively for six months, and thereafter to introduce complementary feeding while continuing breastfeeding for up to two years or beyond. There was some evidence that prolonged breastfeeding provided continued protection from diarrhoeal diseases, including shigellosis. WHO was convening a consultation in February 2010 on programme guidance in relation to moderate malnutrition and stunting. He welcomed the attention drawn to nutrition during the management of childhood illnesses.

The Secretariat had created a monitoring framework for implementation of the International Code and was supporting countries in strengthening monitoring capacity. In relation to the analysis of the impact of implementation on nutrition, data had so far been obtained from some 60 countries and it was hoped that the report could be completed in the next two to three months.

The DIRECTOR-GENERAL welcomed the consensus on the importance of nutrition, especially in the first two years of life which were so crucial to development (including that of cognitive function). The double burden of undernutrition and overnutrition in infants and young children could be solved through interventions to promote breastfeeding and appropriate introduction of complementary foods that would not require large allocations of resources. It was vital to continue to emphasize the importance of breastfeeding.

Dr YOUNES (Office of Governing Bodies) read out the amendments proposed to the draft resolution. In the fourth preambular paragraph of the resolution contained in the draft resolution, the word "iodine" should be inserted after "iron". In the tenth preambular paragraph, the word "full" should be deleted. The words "along with continued breastfeeding for up to two years or beyond" should be added at the end of the eleventh preambular paragraph. In paragraph 1(2), the words "and also implementing subsequent related Health Assembly resolutions" should be deleted. In paragraph 1(4), "timely, safe and appropriate" should be inserted before the first mention of "complementary", while, at the second mention, "complementary" should be replaced by "supplementary". A new paragraph 1(5) should be inserted to read "to include these strategies in comprehensive maternal and child health services and supporting to the aim of universal coverage and principles of primary health care including strengthening health systems as outlined in resolution WHA62.12". Paragraph 1(5), which would become 1(6), should be amended to read "to strengthen nutrition surveillance systems and improve use and reporting of agreed MDG indicators to monitor progress". The words "including clear identification of leadership, division of labour and outcomes" should be inserted at the end of paragraph 2(3). Paragraph 2(5) should be amended by replacing "for discussion at the Sixty-fifth World Health Assembly" with "as a critical component of a

global multisectoral nutrition framework for preliminary discussion at the Sixty-fourth World Health Assembly and for final delivery at the Sixty-fifth World Health Assembly”.

Dr VIROJ TANGCHAROENSATHIEN (Thailand),¹ supported by Mr CHAUDHRY (alternate to Ms Sujatha Rao, India) and Ms ABBAS (alternate to Dr Said, Syrian Arab Republic), proposed the addition of a new paragraph 2, reading: “calls upon food industries to observe the International Code of Marketing of Breast-milk Substitutes and enhance their corporate social responsibility;”.

The draft resolution, as amended, was adopted.²

Birth defects: Item 4.7 of the Agenda (Documents EB126/10, EB126/10 Add.1 and EB126/10 Add.2)

The CHAIRMAN drew attention to the report contained in document EB126/10, and to document EB126/10 Add.1, which contained a draft resolution considered by the Executive Board at its 125th session and modified in the light of comments and proposals made by Member States. The financial and administrative implications of that draft resolution, were it to be adopted, were contained in document EB126/10 Add.2.

Dr REITENBACH (alternate to Dr Seeba, Germany), welcoming the report, said that many of the estimated 260 000 infant deaths worldwide each year could be avoided if women had free access to effective prenatal care. Reducing birth defects and congenital disorders was important to the attainment of Millennium Development Goal 4. Prenatal preventive care, including prenatal diagnostics and comprehensive medical and psychosocial counselling, was beneficial to the health of mothers and their unborn children and must be a part of any functioning health care system. Prenatal diagnostics should not, however, be abused. The subject was ethical, not just medical. Germany’s position was clear: modern technologies should not be used to prevent unwanted life from being born. The role of medical and psychosocial counselling was crucial.

The draft resolution should refer to awareness-raising and the importance of prevention, for example through greater knowledge of the risks posed by medicines, alcohol and environmental toxins. Subparagraphs 1(2) and 1(6) were misleading in that respect; the main focus should be on prevention.

Reference should also be made to the United Nations Convention on the Rights of Persons with Disabilities, to which Germany was strongly committed. It was imperative to do everything possible to ensure that children with disabilities could enjoy all human rights and fundamental freedoms on an equal basis with other children.

She proposed the following amendments: in subparagraph 1(2), insert “that include comprehensive guidance, information and awareness raising” after “interventions”, and insert “birth defects” after “to prevent”; amend subparagraph 1(6) to read: “to develop the expertise and to build capacity on the prevention of birth defects and care of children with birth defects”; and insert a new subparagraph 1(8) to read: “to take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children and give priority to the child’s well-being and support and facilitate families in their child-care and child-raising efforts;”.

Professor ADITAMA (alternate to Dr Sedyaningsih, Indonesia), commending the report, said that mortality due to congenital anomalies was moderate in Indonesia. Several prevention programmes had been implemented encompassing community education, early detection of certain congenital anomalies during pregnancy within antenatal care programmes, distribution of iodine and folic acid,

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

² Resolution EB126.R5.

and prevention and monitoring of sexually transmitted diseases. Screening of newborn infants for congenital hypothyroidism had been conducted in eight provinces since 2006, with prenatal screening for thalassaemia in certain areas. However, preventive activities such as vaccination against rubella and early detection of congenital anomalies were still not included in national programmes because of the country's limited capacity, facilities and resources.

Considering the significant contribution made by birth defects to neonatal and infant deaths, he supported the draft resolution. The issue must be taken seriously by the Secretariat and Member States. The Secretariat should continue to provide technical support to Member States, particularly developing countries, especially in building prevention capacities, including marriage counselling and birth planning, early detection, treatment, raising awareness of the bioethical aspects and drawing up relevant legislation. Support was also needed in developing national and international networks for the sharing of information among appropriate medical specialists such as geneticists, obstetricians and paediatricians. Prevention and care should be integrated into primary care, with special emphasis on maternal and child health.

Dr DOS RAMOS (Sao Tome and Principe), speaking on behalf of the Member States of the African Region, welcomed the draft resolution. In the African Region, neonatal mortality represented one quarter of infant deaths among the under-fives, of which about 6% were due to congenital malformations. More than 50% of deaths occurred in the 24 hours after birth. It had been estimated that about 1.5% of all deaths among the under-fives in Africa were attributable to congenital malformations or birth anomalies. A considerable proportion of congenital anomalies were at least partially genetic in origin. Certain serious congenital anomalies occurred before conception, for example as a result of the mother's exposure to environmental agents, diseases such as syphilis and rubella, and iodine deficiency.

At its fifty-fourth session, the Regional Committee for Africa had adopted, in resolution AFR/RC54/R9, a Road Map for accelerating the attainment of the Millennium Development Goals relating to maternal and neonatal health in Africa, and, at its fifty-sixth session, resolution AFR/RC56/R2 on Child Survival: a Strategy for the African Region. Early diagnosis, care and treatment of congenital anomalies were challenges that the African Region still had to tackle. Others included the weakness of the health systems in most countries of the Region; the lack of diagnostic capacity and poor filing systems; the lack of surveillance of congenital disorders and dependence on hospital data; poor programme coordination for congenital anomalies; and the difficulty of sustaining salt iodization programmes.

Dr SAID (Syrian Arab Republic), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that mother and child health in the Region had improved considerably since 1990, but maternal mortality was still a cause for concern. Early detection of birth anomalies should be improved and could help in attaining the Millennium Development Goals. Public information and education were required, for instance to raise awareness of the risks associated with consanguinity, underline the importance of maternal health care, reduce risks in the prenatal and postnatal periods and help women to avoid sexually transmitted infections. Some countries had conducted successful programmes to raise awareness about congenital problems and emphasize the importance of appropriate nutrition during pregnancy, and some had national networks for the care of pregnant women. His Government had introduced pre-marital check-ups for women. Further work was needed to discourage the inappropriate use of alcohol and tobacco. A proper assessment of the problems required a country-by-country analysis of statistics. Care must be extended to families facing the consequences of birth defects. There was also a need for specialist clinics and hospitals. The ethical aspects of the matter, which were sensitive, also had to be addressed. He paid tribute to the work of WHO and other organizations in the area and encouraged them to provide the resources needed to strengthen national efforts in the Region.

Dr GIMÉNEZ (Paraguay) said that evidence was accumulating that exposure to environmental pollutants during fetal development could cause disease in later life. Little was understood as yet about

the health consequences of exposure to small doses of chemicals. The draft resolution, of which his country was a cosponsor, was important for drawing attention to the role of environmental factors in birth defects, especially chemical substances including pesticides, to which pregnant women in urban and rural areas alike were exposed daily. The Secretariat's support was needed in order to strengthen the capacity of health ministries to tackle the problems, including dealing with chemical substances, especially those used in agriculture. Thus, the relevance of the draft resolution extended beyond birth defects to environmental protection. There were powerful interests involved, and the tools to counter them remained very weak.

Referring to the report, Professor HAQUE (Bangladesh) proposed that disruption sequences and dysplasia sequences should be included in the definition of birth defects, and subaponeurotic haemorrhage, intraventricular haemorrhage, clavicular fracture, brachial plexus injury and spinal injury as causes of birth defects. The role of emergency obstetric care in reducing the number of birth defects under the revitalization of primary health care should also be mentioned.

Dr RAHMAH (alternate to Mr Osman, Brunei Darussalam) pointed out that some birth defects were difficult and costly to diagnose and treat, and many countries, particularly those with small populations, like Brunei Darussalam, might not have the necessary facilities. She welcomed the basic components of a prevention and care programme outlined in the report and called upon the Secretariat to work towards filling the gaps in capacity for diagnostics and treatment and redressing the repercussions of those inadequacies on the quality of surveillance. Since existing genetic services tended to be located within the secondary health-care sector, links to the primary health care sector should be made in order to support continuity of care and implementation of prevention programmes. The definition of congenital anomalies in the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision should be reviewed, with a view to better supporting surveillance of birth defects.

Mr CHAUDHRY (alternate to Ms Sujatha Rao, India) said that India had no data on the prevalence of birth defects, but several maternal and child health initiatives had been undertaken to reduce birth defects. Some of the interventions put forward in the report relating to pre-conception, pregnancy, and newborn, infant and child care would not be feasible in India for sociocultural reasons, the need to focus on other pressing causes of maternal and child mortality and the current state of the health system. Advanced diagnostic tests were available in a limited number of tertiary settings, but it would not be feasible, physically or financially, to include them in routine programmes for maternal and child health. Nor was routine prenatal diagnostic screening feasible in India, as the preference for the male child still prevailed in several parts of the country and might lead to a higher rate of female feticide in spite of the stringent laws in place to prevent it. Furthermore, the health system in the public sector was still not ready to take on the physical and financial burden of such interventions.

Dr PUNIVALU (adviser to Ms Toelupe, Samoa), welcoming the draft resolution, said that her country had made much progress in enhancing and strengthening primary health care, including maternal and child health-care services, increased accessibility to which had significantly reduced infant and child mortality rates over the past three decades. She supported efforts to achieve the Millennium Development Goal of reducing child mortality, including reducing morbidity and mortality resulting from birth defects, which were perceived to be on the increase in Samoa and neighbouring countries. National data collection on birth defects must be improved in order to assess accurately the extent of the problem and identify measures that could be easily implemented. She requested the Secretariat's assistance to that end.

Factors affecting health, including those that contributed to birth defects, were no longer just local or regional. The issue of birth defects was an emerging global health priority, both in terms of child mortality and in view of the need for Member States to have ethical and legal guidelines in place to ensure that the special needs of such children were properly addressed. Samoa looked forward to the Secretariat's support in developing its capacity to take preventive measures and provide for the

needs of children, families and communities affected by birth defects. Collaborative research projects on issues related to birth defects should be encouraged and supported.

Dr MUÑOZ (Chile) expressed strong support for the revised draft resolution, which appropriately reflected observations made by the Board at its previous session. Encouraging early detection programmes with a greater emphasis on prevention, through a variety of measures such as avoiding environmental toxins, vaccinating against rubella and providing folic acid supplements, could reduce causes of death and permanent disability, thereby contributing to achieving the Millennium Development Goals.

Ms ARTHUR (alternate to Mr Houssin, France) requested clarification of the phrase “minimally invasive screening methods” in paragraph 11 of the report. She supported the draft resolution as amended by the members for Paraguay, the Bahamas, Canada, Chile and New Zealand.

Dr DODDS (Canada), welcoming the revised draft resolution, emphasized the need to increase access by women and their families to adequate care and reproductive health services before conception as an effective measure to prevent birth defects worldwide. In order to reflect the statement in paragraph 12 of the report that screening of newborn infants for congenital disorders facilitated early detection, treatment and care, she proposed the addition of a new subparagraph at the end of paragraph 1, to read: “to raise awareness among all relevant stakeholders, including government officials, health professionals, civil society and the public, about the importance of newborn screening programmes and their role in identifying infants born with birth defects.” She also suggested that, in paragraph 1(5), the word “integrate” be altered to “record”.

Dr WATT (alternate to Sir Liam Donaldson, United Kingdom of Great Britain and Northern Ireland), expressing support for the draft resolution as amended by the member for Canada, suggested that the word “into” in paragraph 1(5) be changed to “as part of”.

Dr TAKEI (adviser to Dr Omi, Japan) said that, although the draft resolution emphasized prevention, preventable causes of birth defects were limited, and attention should also be given to provision of health care and social welfare for people affected by such conditions. He therefore proposed that the words “and social welfare” should be inserted after “child health services” in paragraph 1(2), and that the words “such as for measles and rubella” should be added after “vaccination coverage” in paragraph 2(3).

Dr DAHL-REGIS (Bahamas), expressing support for the amendments proposed by the member for Canada, requested that reference to diagnosis at the earliest possible time be added to the new subparagraph that member had proposed. The standard formula by which the Board recommended resolutions for adoption by the Health Assembly had been omitted from the current version of the text and should be added.

Ms ROCHE (New Zealand) called for alcohol consumption during pregnancy, a major cause of birth defects, along with tobacco and drug consumption, to be given more prominence in the draft resolution. She also proposed the addition of a new subparagraph at the end of paragraph 1, to read: “to support families who have children with birth defects and associated disabilities, and ensure that appropriate habilitation and support is provided to children with disabilities”.

Dr MOHAMED (Oman) proposed the addition of a reference to food fortification strategies in paragraph 2(3), given the success of interventions with micronutrients such as folic acid.

Mr GWIAZDA (Poland)¹ expressed full support for the international community's efforts to prevent and treat birth defects. However, any intervention to prevent or treat birth defects should be carried out within national legal frameworks.

Dr LIU Peilong (China),¹ expressing support for the draft resolution, outlined measures being taken in his country to reduce birth defects, such as improving management of and access to public health services, providing free folic acid supplements, and establishing programmes on congenital conditions such as phenylketonuria and hypothyroidism. China was ready to enhance cooperation with international organizations and relevant governments.

Mgr TOMASI (Holy See), speaking at the invitation of the CHAIRMAN, said that protection of the rights, dignity and worth of persons with disabilities remained a major concern for the Holy See, which had consistently called for disabled individuals to be completely and compassionately integrated into society, convinced that they possessed full and inalienable human rights. He therefore expressed concern at the inclusion in the report of the phrase "selective termination of pregnancy" in relation to the prevention of birth defects during pregnancy. Affirming that life began at the moment of conception, and firmly rejecting abortion and any policy that favoured it, he drew attention to the protection of the right of conscience of health workers conferred by, inter alia, Article 18 of the United Nations Universal Declaration of Human Rights.

At a recent conference focusing on the needs of deaf people, Pope Benedict XVI had appealed to political and civil authorities and international organizations to act to promote proper respect for the dignity and rights of disabled persons. The Catholic Church would continue to support pastoral and social initiatives for their benefit. Referring to Article 10 of the United Nations Convention on the Rights of Persons with Disabilities and a call by the United Nations Secretary-General in December 2009 to focus on persons with disabilities and their communities as a means of advancing the development agenda, he expressed the strong view that offering abortion as a means of preventing birth defects would constitute an unethical practice, since it entailed the destruction of human life.

Dr BOULYJENKOV (Thalassaemia International Federation), speaking at the invitation of the CHAIRMAN, outlined the work of his Federation, in collaboration with WHO, to prevent congenital haemoglobinopathies, provide care for patients, and educate health workers and the public. Resolutions EB118.R1 and WHA59.20 urged Member States to develop, implement and reinforce comprehensive national programmes for the prevention and management of haemoglobin disorders, to develop and strengthen medical genetics services, and to promote community education and training. He supported the draft resolution, which continued WHO's efforts in the area of genetics and congenital disorders and supported the Federation's work at national level. WHO should promote further debate on the issue.

Ms MAFUBELU (Assistant Director-General) expressed appreciation for the guidance received from Member States and took note of the progress made at national level, the challenges faced, and the requests made for assistance from the Secretariat. Some Member States had limited capacity to implement WHO's recommendations, and the Secretariat would provide support in that regard and the guidance requested on technical matters. She drew attention to the opportunity provided by the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems to review current definitions.

In reply to the member for France, she clarified that "minimally invasive screening methods" was understood to mean taking blood and performing the diagnostic tests currently available through screening of maternal serum.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Dr YOUNES (Office of Governing Bodies) summarized the amendments proposed to the draft resolution. The following text should be inserted between “The Executive Board” and the first paragraph of the existing preamble:

“Having considered the report on birth defects,

RECOMMENDS to the Sixty-third World Health Assembly the adoption of the following resolution:

The Sixty-third World Health Assembly,”

In the eighth paragraph of the ensuing preamble, “, tobacco” should be inserted after “consumption of alcohol”. Paragraph 1(2) should be amended to read: “to set priorities, commit resources, and develop plans and activities for integrating effective interventions that include comprehensive guidance, information and awareness raising to prevent birth defects, and care for children with birth defects into existing maternal, reproductive and child health services and social welfare for all individuals who need them”; paragraph 1(5) should read: “to record surveillance data on birth defects as part of national health information systems”. In paragraph 1(6), the words “prevention and management of children with birth defects” should be altered to “prevention of birth defects and care of children with birth defects”. Three new subparagraphs should be added at the end of paragraph 1, as follows: “to take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children and give priority to the child’s well-being and support and facilitate families in their childcare and child-raising efforts”; “to raise awareness among all relevant stakeholders, including government officials, health professionals, civil society and the public, about the importance of newborn screening programmes and their role in identifying infants born with birth defects”; and “to support families who have children with birth defects and associated disabilities, and ensure that appropriate habilitation and support is provided to children with disabilities”. Finally, in paragraph 2(3), the words “such as for measles and rubella, and food fortification strategies” should be inserted after “vaccination coverage”.

The CHAIRMAN took it that the Board agreed to adopt the revised draft resolution, as amended.

The resolution, as amended, was adopted.¹

The meeting rose at 12:40.

¹ Resolution EB126.R6.